

Confidential CONSENT FORM FOR HOMEOPATHIC ASSESSMENT and TREATMENT

Homeopathy is based on law of similar that means 'like cures likes' in which minute doses of plant, animal and mineral substances are used for the treatment. Homeopathy treats the patient as a whole and as an individual. There is no specific remedy for a particular disease. There is a medicine for THE PERSON suffering from the disease. Homeopathy takes into consideration of all of the symptoms that distinguish a person as an individual.

With my signature below, I consent and agree to the following.

1. I know that college of Homeopaths of Ontario was established to allow self-regulation of Homeopathy within the framework of the Regulated Health Professions Act, 1991(RHPA) and the Homeopathy Act, 2007. It will ensure safe and competent practice of Homeopathy.
2. I confirm that any prescription medications I am taking under the care of a physician will not be withdrawn without his/her supervision. I am aware about that I consult my physician for any serious medical condition.
3. I am aware that the outcome and duration of Homeopathic treatment vary by individual to individual and cannot be guaranteed.
4. Homeopath – Punita Ghori – will help me to optimize physical, mental and emotional wellbeing. If required, a physical examination may include measuring blood pressure, taking of pulse and the use of a stethoscope to listen to breathing and heartbeat, all within the scope of practice of Homeopathy.
5. During the course of treatment as a healing process detoxification process of body can take place producing symptoms like fever, mild skin eruptions, diarrhea, perspiration etc. when they do happen, I immediately report to the homeopathic practitioner and follow the advice given at that time.
6. I understand and believe that Homeopathy is a very gentle and very effective way of treatment. I have been given the opportunity to ask questions about the assessment and recommended treatment and received answers to such questions.
7. I further acknowledge and confirm that I have been informed about what is homeopathy and basic principles of homeopathy, the nature of homeopathic treatment, acute and chronic illness, prognosis, treatment expectations, nature and safety of medicines and fee schedule. All the information provided is confidential and who will have access to it. The possibility of follow up visits also discussed.
8. I Consent to audio or video recording of my case history which may be used for educational purposes.

I do hereby voluntarily provide my informed consent for the recommended treatment specified above.

Patient's Full name: _____

Date of consent: _____

Signature of patient or legal guardian: _____